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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/108,117 11/12/1998

*Yes*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*no*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/14/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 109	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Yes</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

NEW TRANSFECTION REAGENTS

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